

FILED APR 12 1940

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1750
1066

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1415 West 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1415 West 9th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 3-7-40
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 3:30 A.M. 19____ to _____ 19____;
that he was alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

3. (a) PRINT FULL NAME IRVIN SPRINGER 165
3. (b) If veteran, No name war _____ 3. (c) Social Security No. no

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Dore Anderson 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct 11, 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 25 hr. _____ min. _____

9. Birthplace Laurance County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Waltzman

12. Name Robert Springer 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Alvora Mares
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Springer
(b) Address 1720 Blair

17. (a) Burial (b) Date thereof 3-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt. Hope Cemetery

18. (a) Signature of funeral director A. Fegelman
(b) Address K.C.

19. (a) 3-7-40 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

Due to burns of entire body
Due to conflagration
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 3-7-40
(c) Where did injury occur K.C. Mo (City or town) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) Means of injury _____
28. Signature [Signature] (M. D. or other)
Address K.C. Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Francis Walton....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed *Francis Walton*
By J. H. Legumman
Licensed Embalmer No. *2744*

P. O. Address *H. C. W. D.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.